

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002668

1. Entity Name

OKALOOSA OFFICIALS ASSOCIATION, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90018 045 ****70.00

Principal Place of Business

80 11TH STREET
SHALIMAR FL 32579

Mailing Address

P O BOX 537
FT WALTON BCH FL 32549-0537
US

2. Principal Place of Business

209-B Lang Rd.

Suite, Apt. #, etc.

FT. WALTON BEACH, FL.

City & State

3. Mailing Address

209-B Lang Rd.

Suite, Apt. #, etc.

FT. WALTON BEACH, FL.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3233662

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

32579

Country

OKALOOSA

Zip

32579

Country

OKALOOSA

6. Name and Address of Current Registered Agent

JOHNSTON, RUSTY
80 11TH STREET
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rusty Johnston President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD JOHNSTON	<input type="checkbox"/> Delete
STREET ADDRESS	80 11TH STREET	
CITY-ST-ZIP	SHALIMAR FL	
TITLE NAME	VD BARRINGER, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 4962	
CITY-ST-ZIP	FT WALTON BCH FL 32549	
TITLE NAME	TD JOHNSTON, CAROL C	<input type="checkbox"/> Delete
STREET ADDRESS	80 11TH ST	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Rusty Johnston President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-00

Daytime Phone #

850-651-0257